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## APPENDIX E

### C-DPAS WAIVER FORMS' DESCRIPTION SHEET

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## C-DPAS WAIVER FORMS' DESCRIPTION SHEET

### A Description and Summary of DMAS Forms that are Utilized in the C-DPAS Waiver

1. **DMAS-20 Consent to Exchange Information**  
A part of the Nursing Home Pre-Admission Screening (NHPAS) packet, filled out by the screening team and signed by the recipient. The NHPAS Team sends it with the screening packet to the service facilitator, who will include it in the admission packet to WVMi for authorization of services. A copy of the screening packet is sent to the Consumer-Directed Services Facilitator.
2. **DMAS-95 Addendum**  
This needs to be filled out by the NHPAS Team and included in the screening packet that is given to the service facilitator. This form is used to determine if an individual's cognitive ability to independently manage personal attendant services.
3. **DMAS-96 Nursing Home Pre-Admission Screening Authorization**  
A part of the pre-admission screening packet, and must be filled out by a Level I screener on a Nursing Home Pre-admission Screening (NHPAS) Team. It gives pre-admission authorization to the provider on behalf of the recipient for Medicaid services, and designates the type of service the recipient is authorized to receive (i.e., a waiver, nursing home, assisted living, or PACE.) It is sent to the service facilitator with the screening packet, and submitted to WVMi by the service facilitator as a part of the admission packet for authorization of community-based services. The original copy is to be kept in the recipient's file at the service facilitation provider, and a copy is sent to the direct service provider agency. DMAS will not reimburse for services that begin prior to the physician's signature and date on the form.
4. **DMAS-97 SCREENING TEAM PLAN OF CARE FOR MEDICAID-FUNDED LONG TERM CARE**  
This is completed by a NHPAS Team. This is used along with the DMAS-96 for authorizing nursing facility or Community-Based Care services. This will document the recipient's choice of either the CD-PAS or the Elderly and Disabled (E&D) Waiver, and its services.
5. **DMAS-97B Consumer-Directed Personal Attendant Services Plan of Care**  
Must be completed by the service facilitator prior to or on the day of initial services, which is during the Comprehensive Visit, for any recipient. The facilitator uses this to determine the Level of Care (amount of hours and type of services) that is appropriate for the recipient. It will also have the effective date of services and the total number of hours of service per week. The facilitator must review the plan of care with the recipient, family, and/or caregiver, if applicable. It will list the services that the attendant is to provide for the recipient. It must be completed for an increase or decrease of hours and if the recipient transfers to another CD service facilitator. If the recipient is transferred to a new CD Service Facilitation provider, the new facilitator will complete this form.

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There must be a back up support person listed on this form.

A copy is to be kept in the recipient's home and included in the admission packet to WVMI for authorization of services or when the service is initiated. The original is to be kept in the recipient's file at the direct service provider.

**6. DMAS-98 WVMI Cover Sheet**

The service facilitator uses this form when requesting authorization or a change in the number of hours of services. This used for all long-term care authorizations with WVMI.

**7. DMAS-99B Consumer-Directed Personal Attendant Services Recipient Assessment Report**

Completed by the service facilitator after the initial Comprehensive visit to develop the recipient's plan of care, and again during the six-month re-assessment. It is also completed if an increase or decrease of hours is initiated, and used for updates on supervisory visits. The facilitator uses this as a tool to determine the recipient's waiver eligibility. The facilitator should complete this in its entirety during supervisory visits, since the health conditions of the recipient could change.

The original copy is kept in the recipient's file and a copy must be a part of the admission packet submitted to WVMI, this includes when a recipient is transferred to a new CD Service Facilitation provider.

**8. DMAS-101A MI/MR Level I Supplement**

To be completed by the NHPAS Team for individuals with MI, MR, or a related condition diagnosis seeking personal, respite, and consumer-directed services and sent with the screening packet to the service facilitator.

**9. DMAS-101B Assessment of Active Treatment Needs**

The pre-admission screening team must have this form completed when the person being screened has a condition of mental illness, mental retardation, or a related condition diagnosis and the person is requesting community-based care services (such as Personal Care, Respite Care, AIDS, or CD services). Once the screening team determines that the person meets the criteria for CBC services (meets NF and is at risk of NF placement unless CBC services are offered) the screening team must complete the top portion of the DMAS-101, attach a copy of the UAI and send the two forms to the Consumer Service Board (SCB) for an evaluation of the person's need for MI/MR/RC services.

This must be done before the screening team completes the DMAS-96 to authorize services.

Any time the screening team has the CSB complete the MI/MR/RC Service Needs Summary Form, a copy must be attached to the packet submitted to DMAS for reimbursement and a copy to the provider if services through this waiver are authorized.

It is sent to the service facilitator, who will include it in the admission packet to WVMI.

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#### 10. DMAS-122 Patient Information form

The service facilitator initiates it when services begin or end, and sends a copy to the local DSS to exchange information. It is the service facilitator's responsibility to ensure that the form for the current year is in the recipient's record and has been sent to the fiscal agent. The service facilitator must send WVMi and the local DSS changes in service that warrant a new DMAS-122.

The provider cannot bill DMAS prior to receiving a copy of this form. The local DSS is responsible to send a new DMAS-122 to the service facilitator annually or when patient information changes (i.e., address). The service facilitation provider will include this form with the patient pay amount in the admission packet to WVMi for service authorization. If the service facilitator does not have this form to include in the admission packet, he/she needs to send it without it included and note to WVMi that DSS is not producing a DMAS-122 with the patient pay until they have verification that the recipient is authorized for CD-PAS services. WVMi will authorize a letter to the DSS that states the recipient's eligibility.

#### 11. Employee Management Manual

This is in the Appendix C of the CD-PAS manual. It is to be given to the CD-PAS recipient by the service facilitator during the initial Comprehensive Visit. This manual contains training materials to assist the recipient in the hiring, managing, and firing of personal attendants. This contains contracts and agreements that will need to be signed and dated by the appropriate parties. It will also contain a copy of a personal attendant timesheet that will be filled out and sent to the fiscal agent. The service facilitator may be asked to assist the recipient with some of the forms or duties that are outlined in this manual. The recipient should keep a copy of the forms that are signed, and the service facilitator must keep a copy of the agreements that pertain to the facilitator. The service facilitator may be asked to forward the completed contracts and agreements to the fiscal agent on behalf of the recipient and personal attendant.